

APPROVAL BY SCHOOL DISTRICT OF STUDENT'S APPLICATION FOR STATE BOARD OF EDUCATION

The undersigned hereby states that student, _____,
is hereby approved by the _____ school district to submit
his or her application for consideration as the nonvoting member of the Iowa State Board
of Education for the term beginning May 1, 2003 and ending April 30, 2004.

The undersigned further verifies that the applicant is enrolled as a full-time
student in the _____ grade at _____ high school, and that the
undersigned has reviewed the information on the student's application.

On behalf of the above-named district, the undersigned confirms that, if appointed
to the state board by the governor, the student's absences from school for participation in
official board activities shall not be marked as unexcused absences. Pursuant to Iowa
Code section 256.5A, the district shall notify the student's parent or guardian if the
student's cumulative grade point average falls during the term of membership on the state
board.

Date

Signature

School telephone number

Title of above signatory

**CONSENT BY PARENT OR GUARDIAN FOR
APPLICATION BY MINOR STUDENT FOR STATE
BOARD OF EDUCATION MEMBERSHIP**

The undersigned parent or guardian of _____,
states as follows:

1. My child's date of birth is _____.
2. My child resides with me at least 50% of the time during the school year.
3. My child has my consent to file the foregoing application and to serve, if appointed, as the nonvoting member of the Iowa State Board of Education. I make this consent based on my assessment of my child's interest in serving on the board and his or her ability to participate in board activities without harmful effect to his or her academic achievement.
4. I acknowledge that Iowa Code section 256.5A required that I supervise my child while s/he is participating in official board activities other than such activities that take place in the community in which my child and I reside. If I determine that such supervision is not necessary for my child, I understand that I must submit a signed waiver to the Iowa Department of Education, stating the date and location of the board activity and a brief explanation of why I determined that no supervision is necessary for that particular activity.
[The state board of education meets approximately 9 – 10 times per term; most meetings are held in Des Moines, but 2 – 3 activities may be held at other communities in the State. The Iowa Department of Education provides mileage reimbursement, but does not provide direct transportation.]

5. I may withdraw this consent, in writing, at any time that I determine that membership on the state board is contrary to my child's best interests.

Date

Printed name of parent/guardian

Signature of parent/guardian

Home address: _____
Street City Zip

Home telephone number: _____

Work address: _____
Street City Zip

Work telephone number: _____

Emergency contact other than above-named parent/guardian:

Name

Phone number

APPLICATION FOR MEMBERSHIP ON IOWA STATE BOARD OF EDUCATION

Name of student: _____

Address of student: _____
Street City Zip

Home telephone number of student: _____

School district of enrollment: _____

Number of years enrolled in district: _____

Number of years residing in Iowa: _____

Name of high school: _____

Present grade level: _____ Date of birth: _____

Cumulative high school grade point average as of end of 1st semester, 2002-2003: _____

[Verified by _____ on _____.
(signature of appropriate district officer) (date)]

District's grading scale is (circle one): 4.0 5.0]

Description of community activities (must reflect participation within past two years and extent to which applicant was involved):

Description of extracurricular activities in high school (must reflect grade level when involved and length of time in which applicant was involved):

Attach the following:

1. District approval form signed by superintendent or superintendent's designee.
2. Consent form signed by parent or guardian.
3. Letter of recommendation from a high school teacher from whom the applicant received instruction.*
4. Letter of recommendation from an adult familiar with the applicant's community activities.*
5. Letter of recommendation from any other third person.*
6. Essay (maximum of one page) describing your interest in serving on the state board of education.

*All letters of recommendation should address the applicant's work/study ethic, attitude, dependability, interpersonal skills, verbal skills, and level of demonstrated maturity.

In submitting this application, I certify that the information I have provided is true, and, if appointed, I pledge that I will support the board and the Iowa Department of Education by my presence and participation in state board of education activities, to the best of my abilities.

Date

Signature of Student Applicant

Send application and all attachments **on or before February 1, 2003**, to:
Iowa Department of Education
Office of the Director
Grimes State Office Building
Des Moines, IA 50319-0146

